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BluePath HEALTH

Tri-Counties CalAIM PATH Collaborative
November 20, 2024

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Welcome!

BluePath HEALTH

Introductions in the chat:

- Name
- Organization
- Your role in CalAIM implementation

Today's Agenda

#	Agenda	
1.	**Welcome**	**5**
2.	**Spotlight on Individuals at Risk of Long-Term Care** ● Jasmine Lacsamana and Carly Roman, Archstone Foundation: CalAIM Strategies to Support Dementia Care ● Q&A	**30**
3.	**Managed Care Plan Updates**	**15**
4.	**Resources, Upcoming Events, and Closing**	**5**
5.	**Optional Office Hours**	**30**

2024 Aim Statement and Drivers

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The Collaborative will increase the number of members referred to ECM and Community Supports, and the number of those successfully enrolled in and utilizing services.

- Build education and awareness of CalAIM among members, providers, and community partners
- Strengthen the provider network to serve all Populations of Focus
- Increase ECM & Community Supports referrals and care coordination among providers

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Spotlight on Long-Term Care Populations

New DHCS Resource: Spotlight on ECM for Long-Term Care Populations

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Goals:

- Illustrate how ECM is delivered for adults in, or at risk of entering LTC settings who can be safely cared for outside of those settings with care management
- Support current and future ECM Providers in refining their approach and strategies

DHCS
CALIFORNIA DEPARTMENT OF HEALTH CARE SERVICES

ENHANCED CARE MANAGEMENT FOR LONG-TERM CARE POPULATIONS

A POPULATION OF FOCUS SPOTLIGHT

This **Enhanced Care Management Population of Focus Spotlight** illustrates how Enhanced Care Management (ECM) is delivered for adults in, or at risk of entering, long-term care (LTC) settings who can be safely cared for outside of those settings with intensive care management. It is intended to help future ECM Providers get started and current ECM Providers refine their ECM approach. It is also intended to highlight how providers can also leverage two related Community Support services designed to support members at risk for entering long-term care settings or may currently be in such settings and can safely transition to the community.

ECM is a Medi-Cal managed care plan (MCP) benefit available in all California counties to support comprehensive care management for MCP Members with complex needs. ECM launched in 2022 and is the highest level of care management in the Medi-Cal Population Health Management (PHM) continuum. MCPs contract with community-based providers to deliver ECM. For more information, see the ECM Policy Guide.

Enhanced Care Management is organized by "Populations of Focus" (POFs), each with unique eligibility criteria and service requirements. This Spotlight focuses on two of those POFs:

» **Adults Living in the Community and At Risk for LTC Institutionalization:** Many MCP Members living in the community with complex social needs that influence their health are

How does ECM interact with other state programs serving this population?

California Community Transitions	❎ Cannot receive both CCT and ECM
Community Based Adult Services (CBAS)	✅ Individuals can be enrolled in both CBAS and ECM
Dual Eligible Special Needs Plans (D-SNPs)	❎ Cannot receive both D-SNP services and ECM
In-Home Support Services (IHSS)	✅ Individuals can be enrolled in both IHSS and ECM
Program for All Inclusive Care for the Elderly (PACE)	❎ Cannot receive both PACE and ECM
1915(c) HCBS Waiver Programs	❎ Cannot receive both 1915(c) waiver program services and ECM

ECM and Community Supports Vignette

Sonja, an Older Adult Living with Parkinson's Disease Who Wishes to Remain in Her Home

The following vignette describes how Member named Sonja might be supported by ECM from a nonprofit—Community Partners—collaborating with hospitals, physician groups, health plans, community-based organizations, and public agencies to deliver services that support diverse adults with complex health and social services needs and their caregivers. The Members and ECM Providers represented in the following vignettes are fictional, but are informed by interviews with ECM Providers.

Sonja is a 62-year-old with Parkinson's disease (PD) and recently diagnosed with possible Parkinson's disease dementia (PDD). Sonja values her neighborhood community but is facing challenges living alone.

Sonja is a Medi-Cal MCP member enrolled in Fee-For-Service Medicare in San Bernadino County living alone in a studio apartment, where she has lived for 14 years. The unit is in need of updates and repairs, and, while on the first floor, has not been updated with accessibility features.

Serving a Dementia Population through CalAIM

Jasmine DeGuzman Lacsamana, MPH

Program Officer
Archstone Foundation

MISSION

To improve the health and well-being of older Californians and their caregivers.

ARCHSTONE FOUNDATION

VISION

All older Californians have access to high-quality equitable, coordinated care that effectively integrates health and social services.

CalAIM Statewide Dementia Care Learning Collaborative

California Health Policy Strategies, LLC

Key Learnings from the CalAIM Dementia Care Learning Collaborative

- CalAIM already supports opportunities for improving and expanding dementia care
- Specialty ECM providers are needed for quality dementia care
- Challenges in enrollment; trust with potential beneficiaries
- Utilize current information and referral agencies/organizations serving an older adult population, and caregivers (AAAs, Aging and Disability Resource Connection, Caregiver Resource Centers, 211, etc.)

Continued Needs from ECM and CS Providers

- Credentialing
- Contract review and negotiation
- Reporting requirements
- Claims submissions
- Funding for staff capacity-building
- Data sharing
- Identifying eligible beneficiaries from managed care plans

Enhanced Care Management and Community Support Services align with Best Practices in Dementia Care

Overlap between these CS services and best practices in dementia care are detailed here

CS component		Dementia care best practice
Environmental accessibility adaptations (home modifications)	Overlap	Multicomponent interventions: safety intervention
Respite services	Overlap	Caregiver support: adult day programs
Personal care and homemaker services	Opportunity	Supports identified barriers to access to care such as functional requirements and hour limitations for in-home support services
Medically tailored meals or medically supportive food	Overlap	Community dwelling intervention: home-delivered meals
Nursing facility transition or diversion to assisted living facility	Overlap	Community Dwelling Intervention: small-scale home-like care models

Overlap Opportunity

The overlap between Enhanced Care Management and best practices in dementia care are detailed here

ECM component		Dementia care best practice
Outreach and engagement	Opportunity	Partner with dementia friendly initiatives to generate referrals
Comprehensive assessment and care management plan	Overlap	Defined care manager role
	Overlap	Personalized and comprehensive care plan that is regularly updated according to the patient's needs
	Overlap	Care plan includes treatment and care management
	Limitation	Care plan includes medication management
Enhanced coordination of care	Overlap	Defined care manager role
Health promotion	Overlap	Caregiver education includes dementia education including managing stressors, medication management, self-management and community resources.
Transitional care services	Overlap	Defined care manager role
Member and family supports	Overlap	Care plan includes caregiver support
	Overlap	Caregiver support includes education on self-management
	Limitation	Caregiver assessment
Coordination of and referral to community and social Support Services	Overlap	Defined care manager role

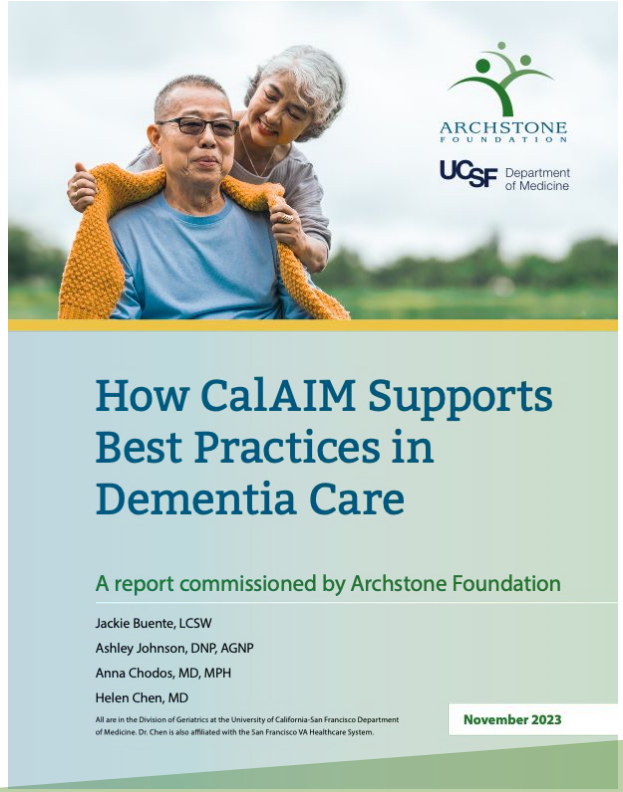
Overlap Opportunity Limitation

Entities Positioned to Serve as ECM Providers for The LTC POFs

Adults Living in the Community and At Risk of LTC Institutionalization	Adult Nursing Facility Residents Transitioning to the Community
» CBAS Centers » Area Agencies on Aging » Home Health Agencies » Centers for Independent Living » Memory Care, Assisted Living, and Independent Living Organizations » Alzheimer's Association » HCBS Providers	» CCT Lead Organizations » Affordable Housing Communities » Memory Care, Assisted Living and Independent Living Organizations » Alzheimer's Association » HCBS Providers

Resources

- How CalAIM Supports Best Practices in Dementia Care
- CalAIM Information and Referral Highway to ECM Enrollment webinar
- ECM provider list - sortable by county, managed care plan, population of focus, city, and zip code
- ECM enrollment data - stratified by county and managed care plan by populations of focus. This data can identify trends in ECM enrollment and coverage.



ARCHSTONE FOUNDATION

Hosted by Archstone Foundation + California Health Policy Strategies

Medi-Cal 101: Webinar Series

An essential overview of California's Medicaid program

Register today!

Wednesday, December 4 | 1:30 – 3:00 PM PT (Part 1)

Tuesday, December 10 | 1:30 – 3:00 PM PT (Part 2)

Highlights:

- Understanding the beneficiaries
- Exploring the benefits
- Navigating benefit access
- Funding and financial structure

Special Guest:

Jane Ogle

Former Deputy Director for Healthcare Delivery Systems at the California Department of Health Care Services and former Chief Operating Officer at Santa Clara Family Health Plan

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Health & Social Service Information Exchange

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DATA EXCHANGE FRAMEWORK

Scan the QR code or visit https://bit.ly/HSSI_Exchange to complete a brief interest form:

1) What is your organization's current understanding of the CA Data Exchange Framework (DxF)?
2) Have you signed the DxF Data Sharing Agreement?
3) Would you like to stay informed about future education and technical assistance opportunities related to data sharing?

Q&A

Managed Care Plan Updates

Kaiser Permanente

Tri-Counties PATH CPI Meeting
Ventura County

November 2024

Submitting ECM & CS Referrals

KP has a no-wrong-door approach for referrals

- Referrals are accepted from any source (members, providers, family, community organizations, etc.)
- Referrals may be placed via email or via phone or KP Health Connect
- **NEW: For providers/organizations submitting referrals to your own ECM/CS/CHW organization, please send the referral form directly to your contracted Network Lead Entity**

Area	All Northern California Counties	All Southern California Counties
Phone (Member)	1-833-721-6012 (TTY 711) Monday-Friday (closed major holidays) 8:30 a.m. to 5:00 p.m.	1-866-551-9619 (TTY 711) Monday-Friday (closed major holidays) 8:30 a.m. to 5:00 p.m.
Email (Counties/CBOs)	Send completed referral form to REGMCDURNs-KPNC@kp.org with the subject line “ECM Referral” or “CS Referral” or “CHW services request”	Send completed referral form to RegCareCoordCaseMgmt@kp.org with the subject line “ECM Referral” or “CS Referral” or “CHW services request”
Email (NEW: NLE Contracted providers submitting referrals to their own organization)	Send completed self referral form to contracted Network Lead Entity	Send completed self referral form to contracted Network Lead Entity

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Process for Community Providers to Refer to Own Organization (NEW)

If you are a **contracted** community provider and want to refer a KP member **directly** to your **ECM/CS/CHW** organization, please send the referral directly to your **contracted Network Lead Entity** rather than KP.

Email ECM/CS/CHW referral directly to contracted NLE:

- Full Circle Health Network: referral@fullcirclehn.org
- ILS: kpreferrals@ilshealth.com
- Partners in Care Foundation:
  - ECM: ECM@picf.org
  - Personal Care/Non-Medical Respite:privateduty@picf.or
  - Housing Trio: HousingCS@picf.org

Send any questions regarding self-referrals to your contracted NLE

For issue resolution, email Network Lead Entity and cc medi-cal-externalengagement@kp.org

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ECM Referral Process

1	2	3	4	5
				
INITIAL REFERRAL	**MEMBER ELIGIBILITY**	**NLE OUTREACH**	**ECM ENGAGEMENT**	**MEMBER OUTCOME MEASUREMENT**
No wrong door referrals from: • Providers (KP / External) • Community-based entities referrals • KP Call Center Referrals • Member / family member self-referral via phone /email	KP California Medi-Cal Teams evaluate member eligibility for ECM. KP sends member authorization letter Daily Authorization File is sent from KP to NLE.	NLE initiates outreach to member to enroll them via multiple modalities.	If the member consents, the ECM Lead Care Manager reaches out to begin engagement. Bi-weekly enrollment and declination data are sent from NLEs to KP.	Continuous monitoring, analysis, and intervention to meet Key Performance Indicators and regulatory requirements.
Day 1	*Day 5-6*	*Day 7-11 +* *Minimum 2 attempts per month for 2 months*	*Ongoing, until goals are met or for up to one year (member will need a new referral after one year)*	

Note: days are business days

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How a community-based organization can serve KP members

KP is working with three Network Lead Entities (NLEs) to develop a network of community-based ECM, CS, and CHW providers.

If your organization wishes to become part of an NLE's network, you may send an email message to:

Full Circle Health Network

etwork@fullcirclehn.org
hone number: 888-749-8877

Full Circle Health Network meets with prospective providers each week on Thursdays from 12-1pm PST
https://us06web.zoom.us/j/86507421534

INDEPENDENT Living Systems

oviderRelations@ilshealth.com
mber: 305-262-1292

Partners in Care FOUNDATION

ubinfo@picf.org
hone number: 818-837-3775

In your email, please specify the services your organization provides, geography serviced, and population expertise.

*Partners in Care only serves the Southern California region at this time.

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Q3 Ventura ECM and CS Enrollment Data

Enrollment by Populations of Focus (Total Members: 47)							
Adult – Individuals Experiencing Homelessness	Adult – Families Experiencing Homelessness	Adult – Avoidable Hospital or ED Utilization	Adult – SMI or SUD	Adult – Transitioning from Incarceration	Adult – at Risk for LTC Institutionalization	Adult – NF Transitioning to Community	Adult – Birth Equity
4	**0**	**3**	**17**	**0**	**0**	**0**	**2**
Child – Individuals Experiencing Homelessness	Child – Families Experiencing Homelessness	Child – Avoidable Hospital or ED Utilization	Child – SMI or SUD	Child – CCS/CCS WCM with Additional Needs	Child – Child Welfare	Child – Transitioning from Incarceration	Child – Birth Equity
1	**0**	**0**	**0**	**2**	**18**	**0**	**0**

Community Supports Received (Total Members: 13)						
Housing Transition/ Navigation Services	Housing Deposits	Housing Tenancy and Sustaining Services	Short-Term Post-Hospitalization Housing	Recuperative Care	Respite Services	Day Habilitation Programs
5	**0**	**1**	**0**	**0**	**1**	**0**
NF Transition to ALF	NF Transition to a Home	Personal Care and Homemaker Services	Environmental Accessibility Adaptations	Medically-Supportive Food	Sobering Centers	Asthma Remediation
0	**0**	**1**	**0**	**6**	**0**	**0**

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Enhanced Care Management (ECM) Providers in Ventura County

Organizations listed have executed contracts with KP as of **November 20, 2024**

Other providers are welcomed to apply to join our provider network via the NLEs.

Provider	Services/Populations of Focus	Phone Number
Among Friends ADHC	Adults - Individuals at-risk for IP and ED Adults - Individuals with SMI/SUD Adults - living in the community at-risk for LTC	805-385-7244
CityServ	TBA	661-558-4441
Independent Living Systems	Adults - Individuals Experiencing Homelessness Adults - Individuals at-risk for IP and ED Adults - Individuals with SMI/SUD Adults - living in the community at-risk for LTC Adults - NF residents transitioning to the community Adults - Individuals with Intellectual or Developmental Disabilities Adults -Pregnant and Postpartum Individuals at-risk for Adverse Perinatal Children & Youth - Individuals Experiencing Homelessness Children & Youth - Individuals at-risk for IP and ED Children & Youth - Individuals with SMI/SUD Children & Youth - Enrolled in California Children's Services (CCS) or WCM w/needs Children & Youth - Involved in Child Welfare Children & Youth - Individuals with Intellectual or Developmental Disabilities (I/DD) Children & Youth - Pregnant and Postpartum Individuals at-risk for Adverse Perinatal	844-320-5182
Koinonia Foster Homes, Inc.	Children & Youth - Individuals Experiencing Homelessness Children & Youth - Individuals at-risk for IP and ED Children & Youth - Individuals with SMI/SUD Children & Youth - Individuals transitioning from incarceration	661-273-8122

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Providers with blue text are newly added

Provider	Services/Populations of Focus	Phone Number
Partners in Care Foundation	Adults - Individuals Experiencing Homelessness Adults - Individuals at-risk for IP and ED Adults - Individuals with SMI/SUD Adults - living in the community at-risk for LTC Adults - NF residents transitioning to the community Adults - Individuals with Intellectual or Developmental Disabilities Adults -Pregnant and Postpartum Individuals at-risk for Adverse Perinatal	818-837-3775
Resolution Care (dba Vynca Care) **[Birth Equity Specialty Provider Type]**	Adults - Individuals Experiencing Homelessness Adults - Individuals at-risk for IP and ED Adults - Individuals with SMI/SUD Adults - living in the community at-risk for LTC Adults - NF residents transitioning to the community Adults - Individuals with Intellectual or Developmental Disabilities Adults -Pregnant and Postpartum Individuals at-risk for Adverse Perinatal Children & Youth - Individuals Experiencing Homelessness Children & Youth - Individuals at-risk for IP and ED Children & Youth - Individuals with SMI/SUD Children & Youth - Enrolled in California Children's Services (CCS) or WCM w/needs Children & Youth - Involved in Child Welfare Children & Youth - Individuals with Intellectual or Developmental Disabilities (I/DD) Children & Youth - Pregnant and Postpartum Individuals at-risk for Adverse Perinatal	888-227-8884

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Provider	Services/Populations of Focus	Phone Number
Russian Jewish Community Cultural Center DBA L'Chaim ADHC	Adults - Individuals at-risk for IP and ED Adults - living in the community at-risk for LTC Adults - NF residents transitioning to the community	323-930-1881
St. Vincent Preventative Family Care **[Birth Equity Specialty Provider Type]**	Adults - Individuals Experiencing Homelessness Adults - Individuals at-risk for IP and ED Adults - Individuals with SMI/SUD Adults - Individuals transitioning from incarceration Adults - living in the community at-risk for LTC Adults - NF residents transitioning to the community Adults - Individuals with Intellectual or Developmental Disabilities Adults -Pregnant and Postpartum Individuals at-risk for Adverse Perinatal Children & Youth - Individuals Experiencing Homelessness Children & Youth - Individuals at-risk for IP and ED Children & Youth - Individuals with SMI/SUD Children & Youth - Individuals transitioning from incarceration Children & Youth - Enrolled in California Children's Services (CCS) or WCM w/needs Children & Youth - Involved in Child Welfare Children & Youth - Individuals with Intellectual or Developmental Disabilities (I/DD) Children & Youth - Pregnant and Postpartum Individuals at-risk for Adverse Perinatal	901-337-3003
Star Nursing Inc	Adults - Individuals Experiencing Homelessness Adults - Individuals at-risk for IP and ED Adults - Individuals with SMI/SUD Adults - living in the community at-risk for LTC Adults - NF residents transitioning to the community Children & Youth - Individuals Experiencing Homelessness Children & Youth - Individuals at-risk for IP and ED Children & Youth - Individuals with SMI/SUD	877-687-7399
Your Home Assistant LLC	Adults - living in the community at-risk for LTC Adults - NF residents transitioning to the community	916-970-9001

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Community Supports (CS) Providers in Ventura County

Organizations listed have executed contracts with KP as of **November 20, 2024**

Other providers are welcomed to apply to join our provider network via the NLEs.

Provider	Services/Populations of Focus	Phone Number
Assured Independence	Home Modifications	425-516-7400
CityServ	Housing Transition/Navigation Services Housing Deposits Housing Tenancy & Sustaining Services Short-Term Post-Hospital Housing Recuperative Care Day Habilitation	661-558-4441
Connect America West	Home Modifications	707-200-2138
Connections Care Home Consultants	Nursing Facility Transition/Diversion to Assisted Living Facilities	800-330-5993
Evolve Emod, LLC	Home Modifications Asthma Remediation	844-438-7577
Horizon Centers	Housing Transition/Navigation Services Housing Deposits Housing Tenancy & Sustaining Services Short-Term Post-Hospital Housing Recuperative Care Nursing Facility Transition/Diversion to Assisted Living Facilities Community Transition Services/Nursing Facility Transition to a Home Home Modifications Asthma Remediation Respite Services Personal Care and Homemaker Services Day Habilitation	323-676-1000

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Community Supports (CS) Providers in Ventura County

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Provider	Services/Populations of Focus	Phone Number
Independent Living Systems	Housing Transition/Navigation Services Housing Deposits Housing Tenancy & Sustaining Services Nursing Facility Transition/Diversion to Assisted Living Facilities Community Transition Services/Nursing Facility Transition to a Home Short-term Post-Hospitalization Housing Recuperative Care (Medical Respite) Environmental Accessibility Adaptations (Home Modifications) Personal Care and Homemaker Services Respite Services	844-320-5182
Lifeline Systems Company	Home Modifications	800-451-0525
Maxim Healthcare	Respite Services Personal Care and Homemaker Services	1(805) 278-4593
Maxim Healthcare Services	Respite Services Personal Care and Homemaker Services	818-837-3775
Mom's Meals	Meals/Medically Tailored Meals	877-508-6667
National Health Foundation	Recuperative Care	888-643-2337
Oxford Services	Respite Services Personal Care and Homemaker Services	323-676-1000
Partners in Care Foundation	Respite Services Personal Care and Homemaker Services	818-643-7451
St. Vincent Preventative Family Care	Housing Transition/Navigation Services Housing Deposits Housing Tenancy & Sustaining Services	901-337-3003
Star Nursing Inc	Housing Transition/Navigation Services Nursing Facility Transition/Diversion to Assisted Living Facilities Community Transition Services/Nursing Facility Transition to a Home Respite Services Personal Care and Homemaker Services	877-687-7399

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Helpful Links and Contacts

KP Medi-Cal Resource Center:	**Resource Center Link**
KP 2024 Medi-Cal Direct Contract:	KP.org/Medi-Cal2024
KP Designated Medi-Cal Call Center:	**1-855-839-7613** Call to speak to a live Medi-Cal trained agent
KP Medi-Cal Programs (ECM, CS, CHW):	For current information, go to our website: **Link**
KP Medi-Cal Continuity of Care:	For current information, go to our website: **Link**
KP Self-Service Community Resource Directory:	KP.org/communityresources
	1-800-443-6328 Toll-free number to speak with a resource specialist (M-F, 8a-5p local time)
KP Community Health Care Program:	Available to California residents without access to other health coverage. For current information, go to our website: **Link**
Medi-Cal Redeterminations Toolkit:	For current information, go to DHCS website: **Link**
Medi-Cal Rx:	**1-800-977-2273**
Medi-Cal Dental:	**1-800-322-6384**
Medi-Cal External Engagement	For general Cal AIM and CS/ECM inquiries, medi-cal-externalengagement@kp.org

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Upcoming Events and Announcements

San Luis Obispo Peer Support Lunch

Frontline ECM and Community Supports program staff lunch at the San Luis Obispo Public Library Community Room on December 3

- **Front line staff** networking-focused event
- Lunch will be provided
- Invite your teams to build community with San Luis Obispo peers

RSVP Here:

Ventura and Santa Barbara Peer Support Lunches to follow in 2025!

DHCS Updates and Upcoming Events

- **“Hospital Engagement in CalAIM: Supporting Connection to ECM Services Among Eligible Medi-Cal Members” Webinar**
  - Featuring Tri-Counties Collaborative participants from Dignity Health!
  - **December 6, 10 - 11am. Register here**

- **CITED Round 4 Applications will open January 6, 2025**
  - Info session will be held on **January 7, 11:30am - 12:30pm. Register here**
  - Application will be open from January 6 to March 7
  - Learn more about CITED here

See you in December!

BluePath HEALTH

December Meeting:
Wednesday, December 18
11:00am - 12:30pm
On Zoom

Poll

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Thank you for completing our brief survey!
Questions or suggestions?
pathinfo@bluepathhealth.com

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Office Hours

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Appendix

CalAIM TA Marketplace